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Bib Data Sheet

CONFIRMATION NO. 3435

|  |  |                               |   |   |
|--|--|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/576,927   | <b>FILING DATE</b><br>05/23/2000<br><b>RULE</b>  | <b>CLASS</b><br>707           | <b>GROUP ART UNIT</b><br>2771   | <b>ATTORNEY DOCKET NO.</b><br>1311.1200 |
| <b>APPLICANTS</b><br>Richard Relsman, New York, NY;  |  |                               |   |   |
| <b>** CONTINUING DATA *****</b> <i>AN</i>  |  |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b> <i>AN</i>   |  |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 07/19/2000</b>   |  |                               |   |   |
| <b>** SMALL ENTITY **</b>  |  |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Not enter<br>met <input checked="" type="checkbox"/> Allowance <input type="checkbox"/> <i>AN</i> |  | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>31               |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>AN</i>  |  |                               |   | <b>INDEPENDENT CLAIMS</b><br>7          |
| <b>ADDRESS</b><br>05514  |  |                               |   |   |
| <b>TITLE</b><br>Method and apparatus for utilizing user feedback to improve signifier mapping  |  |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>665  | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |